

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000134755

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** SCRATCH OFF AUTO REPAIR, INC.

**Current Principal Place of Business:**

40 INDUSTRIAL BLVD  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

40 INDUSTRIAL BLVD  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 13-4235893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NORRIS, SHARON F  
3570 DEWEY ROSE LANE  
CANTONMENT, FL 32533 US

**Name and Address of New Registered Agent:**

NORRIS, SHARON F PRES  
3550 DEWEY ROSE LANE  
CANTONMENT, FL 32533 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** SHARON F. NORRIS

01/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** NORRIS, LLOYD W VP  
**Address:** 40 INDUSTRIAL BLVD  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** PRES  
**Name:** NORRIS, SHARON F PRES  
**Address:** 40 INDUSTRIAL BLVD.  
**City-St-Zip:** PENSACOLA, FL 32503

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SHARON F. NORRIS

PRES

01/08/2010

Electronic Signature of Signing Officer or Director

Date